

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212518944					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AMERICAN AIRLINES, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2012</p> <p>SCC ID NO: F0048514</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000	
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COMMON	1,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: P.O. BOX 619616 MD 5675</p> <p style="text-align: center;">CITY/ST/ZIP: DFW AIRPORT, TX 75261-9616</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS W HORTON TITLE: PRESIDENT ADDRESS: 5929 WOODLAND DR CITY/ST/ZIP/CO: DALLAS, TX 75225 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: THOMAS W HORTON TITLE: PRESIDENT ADDRESS: 5929 WOODLAND DR CITY/ST/ZIP/CO: DALLAS, TX 75225	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KENNETH W WIMBERLY TITLE: SECRETARY ADDRESS: 6921 BAXTERSHIRE DR CITY/ST/ZIP/CO: DALLAS, TX 75230 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: KENNETH W WIMBERLY TITLE: SECRETARY ADDRESS: 6921 BAXTERSHIRE DR CITY/ST/ZIP/CO: DALLAS, TX 75230	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARMANDO M CODINA DIRECTOR 4333 AMON CARTER BLVD MD5675 FORT WORTH, TX 76155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALBERTO IBARGUEN DIRECTOR 4333 AMON CARTER BLVD. MD5675 FORT WORTH, TX 76155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN M KOROLOGOS DIRECTOR 4333 AMON CARTER BLVD MD5675 FORT WORTH, TX 76155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A MILES DIRECTOR 4333 AMON CARTER BLVD MD5675 FORT WORTH, TX 76155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP J PURCELL DIRECTOR 4333 AMON CARTER BLVD MD5675 FORT WORTH, TX 76155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAY M ROBINSON DIRECTOR 4333 AMON CARTER BLVD MD5675 FORT WORTH, TX 76155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH RODIN DIRECTOR 4333 AMON CARTER BLVD MD5675 FORT WORTH, TX 76155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW K ROSE DIRECTOR 4333 AMON CARTER BLVD MD5675 FORT WORTH, TX 76155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER T STAUBACH DIRECTOR 4333 AMON CARTER BLVD MD5675 FORT WORTH, TX 76155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KENNETH W WIMBERLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		KENNETH W WIMBERLY, SECRETARY PRINTED NAME AND CORPORATE TITLE	
		5/21/2012 DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.